

**U.S. Department of the Interior  
Public Law 102-477**

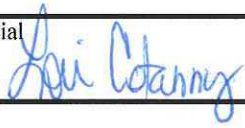
**Annual Financial Expenditure Report (Version 2)**

1. Tribe/Tribal Organization: <div style="text-align: center;">The Chickasaw Nation</div>		2. Other Identifying Number Assigned by DOI:	
3. Mailing Address: (Provide complete mailing address)  P.O. Box 818 Ada, OK 74820			
4. Submission: (Mark One) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/> Original         <input checked="" type="radio"/> Revised       </div>		5. Final Report for Plan Period: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/> Yes         <input checked="" type="radio"/> No       </div>	
6. Annual Report Period:  From: <u>10 / 01 / 2015</u> To: <u>09 / 30 / 2016</u> (Month/Day/Year) (Month/Day/Year)		7. Plan Period Covered by this Report:  From: <u>10 / 01 / 2012</u> To: <u>09 / 30 / 2016</u> (Month/Day/Year) (Month/Day/Year)	

8. Transactions:	Column I: Previously Reported	Column II: This Annual Report Period	Column III: Cumulative/Total
a. Total Funds Available	\$ -	\$ 862,109.46	\$ 862,109.46
b. Cash Assistance Expenditures	\$ -	\$ 191,728.49	\$ 191,728.49
c. Child Care Services Expenditures	\$ -	\$ -	\$ -
d. Education, Employment, Training and Supportive Services Expenditures	\$ -	\$ 421,824.71	\$ 421,824.71
<i>i. TANF Purposes 3 and 4 (non-add)</i>	\$ -	\$ -	\$ -
<i>ii. Other TANF Assistance (non-add)</i>	\$ -	\$ -	\$ -
e. Program Operations Expenditures	\$ -	\$ -	\$ -
<i>i. Child Care Quality Improvement (non-add)</i>	\$ -	\$ -	\$ -
f. Administration/Indirect Cost Expenditures	\$ -	\$ 189,260.58	\$ 189,260.58
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ 802,813.78	\$ 802,813.78
h. Total Unexpended Funds	\$ -	\$ 59,295.68	\$ 59,295.68

9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.

a. Signature of Tribal Official <div style="text-align: center;"></div>	
b. Type Name and Title Lori Cotanny, CPA, Director of Finance	c. Date Report Submitted 12/9/2016
d. Questions regarding this report – Contact: (Type Name, Title, Phone #, and Email Address)  Trena Mason, Accountant, (580)436-7274, Trena.Mason@chickasaw.net	